FEE TRANSMITTAL	r	a	emplete if Known		
	— Appuc	ation Number	10/627,512		
for FY 2005	Filing (July 25, 2003		
Effective 10/01/2004. Petent fees are subject to annual revision.		lamed Inventor	Ralph H. Castro		
Applicant claims small entity status. See 37 CFR 1.27		ner Name	Peugh, Brian R.		
TOTAL AMOUNT OF PAYMENT (\$) 110	Art Uni		2187		
	Attorne	By Docket No.	[K35A1302		
METHOD OF PAYMENT (check all that apply)		FEE CA	LCULATION (cor	rtinued)	
Check Credit card Money Other None	3. ADDITIO				
Deposit Account:	Foo Foo F	email Emily	Fee Description	_	
Account 23-1209		Code (S)			Foo
Number Deposit Account Western Digital Corp			harge - tate filing fee or harge - late provisional :		\vdash
Name	1053 130 1	, cove	r sheet English specification	3	
The Director is suthorized to: (check all that apply) v' Charge fee(s) indicated below v' Credit any overpayments			ling a request for ex par	rte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804 920*		esting publication of 81 niner action	R prior to	
Charge fee(s) indicated below, except for the filling fee	1805 1,840*	1805 1,840° Req	resting publication of SI	R after	
to the above-identified deposit account.	1251 110		niner ödlion naion for reply within fin	st month	
FEE CALCULATION 1. BASIC FILING FEE			asion for reply within se		
Large Entity Small Entity			nsion for reply within thi		
Fee Fee Fee Fee Description Fee Paid Code (8)			nsion for reply within for		
1001 790 2001 395 Utility filing fee			nsion for reply within fifi se of Appezi	n monun	
1002 350 2002 175 Design filing fee			s brief in support of ar	n appeal	
1004 790 2004 395 Reissue filing fee	1403 300	2403 150 Requ	est for oral hearing		
1005 160 2005 80 Provisional filing fee			ion to institute a public u	- r	
SUBTOTAL (1) (\$)			ion to rëvhe - unavoida! ion to revive - unintentic		_
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			y issue fee (or reissue)	mas	
Extra Claims below Fee Paid	1502 490		gn Issue tee		
Total Claims 20** = X 4			t issue foe	. }	
Ctains - 3" " - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1460 130 1807 50		ions to the Commission tessing fee under 37 CF	- t	
Lerge Entity Smell Entity	1806 180		nission of Information D		
Fee	8021 40		rding each patent assig		
1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3	1809 790	2809 395 Filling	a submission after find		
1203 300 2203 150 Multiple dependent claim, if not paid	1810 790	•	CFR 1.129(a)) sach additional inventior	n to be	
1204 88 2204 44 ** Reissue independent claims		exan	ninad (37 CFR 1.129(b))	
over original patent 1205 18 2205 9 ** Reissue ctaims in excess of 20	1801 790 2 1802 900		pest for Continued Examples for expedited examples		
and over original patent	Other ton /ens		design application inal Disclaimer 37	CER 1 20(4)	110
SUBTOTAL (2) (\$) "or number previously paid, if greater; For Reissues, see above		lasic Filing Pee Pe			
SUBMITTED BY				Y applicable ()	_
Name (Print/Type) Robrey R. Fawgett	Registration			760 738-7005	
Signature Le Cartill	(Afformer/Ar		Date	November 12,	2004
WARNING: Information on this form ma	y become pu	blic. Credit car	d information shou	ld not	
be inelulated on this form. Provide credit This collection of information is required by 37 CFR 1.17 and 1.27. The i				30	file (
USPTO to process) an application. Confidentially is governed by 35 U. including gathering, preparing, and submitting the completed application is	S.C. 122 and 37	7 CFR 1.14. This	collection is estimated	to take 12 minut	es to
the amount of time you require to complete this form and/or suggestions	for reducing the	is burden, should I	be sent to the Chief Inf	armation Officer, L	Ú.S. I
Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alex SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA	22313-1450.			.~u	
If you need assistance in completing the fam RCVD AT 11/12/2004 1:48:35 PM [Eastern Standard Time] * SVR:USPT	n, call 1-800-PT	O-9199 and salaci	option 2.	. 60 k	₹
RCVD AT 11/12/2004 1:48:35 PM [Eastern Standard Time] * SVR:USP1	FO-EPXRP-1/3	DNIS:8729306 ° C	SID:1 760 738 7005 ° D	URATION (mm-es):05-
•				3	7 70°C
				i6ii	- ₃ ·
				=	
				9	
				\$0	4
				8 .5	~
				2/02/2004 EBILLIKH 000	03 ru33619

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commelectors for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 M 981606 1139·2000-18822-**CLAIMS AS FILED - PART I** OTHER THAN **SMALL ENTITY SMALL ENTITY** TYPE [OR (Column 2) (Column 1) **TOTAL CLAIMS** FEE RATE FEE RATE ୟଠ OR BASIC FEE 710.00 **BASIC FEE** 355.00 NUMBER EXTRA NUMBER FILED **FOR** TOTAL CHARGEABLE CLAIMS \mathbb{C} X\$18= 20 minus 20= X\$ 9= OR INDEPENDENT CLAIMS X80= minus 3 = X40= OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL 70 TOTAL **OTHER THAN CLAIMS AS AMENDED - PART II** SMALL ENTITY SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST ADDI-CLAIMS ADDI-REMAINING NUMBER PRESENT 4 TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA** ENT AFTER FEE FEE PAID FOR **AMENDMENT** AMENDM X\$18= X\$ 9= Minus OR **Total** Independent Minus X80= X40 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT 8 REMAINING TIONAL TIONAL RATE RATE **PREVIOUSLY** AFTER **EXTRA** FEE FEE PAID FOR **AMENDMENT** ENDME X\$18= Minus X\$ 9= Total OR Independent Minus ... X40= X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT ပ **REMAINING** TIONAL RATE TIONAL RATE **PREVIOUSLY** ENT **FXTRA AFTER** FEE **PAID FOR** FEE **AMENDMENT** AMENDM Minus X\$18= Total X\$ 9= OR Minus = Independent X80= X40 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT. FEE

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number